

PTO/SB/21 (09-04) (AW 10/2004) Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| OTE TO ANOMITE AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |            |                  |                    |                                                                                                                   | Application           | Number       | 10/695,378                             |           |                                                                    |  |  |
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| TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |            |                  |                    |                                                                                                                   | Filing Date           |              | October 27, 2003                       |           |                                                                    |  |  |
| YAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |            |                  |                    |                                                                                                                   | First Named           | Inventor     | Dr. Joseph A. Silvaggio                |           |                                                                    |  |  |
| (to be used for all correspondence after initial filing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |            |                  |                    |                                                                                                                   | Art Unit              |              | 3754                                   |           |                                                                    |  |  |
| Y The state of the |                                                       |            |                  |                    |                                                                                                                   | Examiner N            | lame         | Joseph A. Kaufman                      |           |                                                                    |  |  |
| Total Number of Pages in This Submission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |            |                  | ssion 5            | 5 Attorney Docket No. JA                                                                                          |                       |              | JAS-                                   | JAS-100US |                                                                    |  |  |
| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |            |                  |                    |                                                                                                                   |                       |              |                                        |           |                                                                    |  |  |
| <b> </b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |            |                  | INCLO              | JON                                                                                                               | LO (CITECT            | t all that a | pp.y/                                  | <u> </u>  |                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | smittal Fo |                  |                    | Drawi                                                                                                             | ng(s)<br>sing-related | Papers       |                                        |           | After Allowance Communication to TC  Appeal Communication to Board |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amendment/Reply After Final Affidavits/Declaration(s) |            |                  |                    | Petitio                                                                                                           | n                     |              |                                        |           | of Appeals and Interferences                                       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |            |                  |                    | Petition to Convert to a Provisional Application  Power of Attorney, Revocation, Change of Correspondence Address |                       |              |                                        |           | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Extension of Time Request                             |            |                  |                    |                                                                                                                   |                       |              | Proprietary Information  Status Letter |           |                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Express Abandonment Request                           |            |                  |                    | Terminal Disclaimer                                                                                               |                       |              |                                        |           | Other Enclosure(s) (please                                         |  |  |
| Information Disclosure Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |            |                  | Request for Refund |                                                                                                                   |                       |              | identify below): Return Post<br>Card   |           |                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Certified Copy of Priority Document(s)                |            |                  |                    | CD, Number of CD(s)  Landscape Table on CD                                                                        |                       |              |                                        |           |                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Response to Missing Parts/ Incomplete Application     |            |                  |                    | Remarks:                                                                                                          |                       |              |                                        |           |                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Response to Missing Parts                             |            |                  |                    |                                                                                                                   |                       |              |                                        |           |                                                                    |  |  |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | under 37 CFR 1.52 or 1.53                             |            |                  |                    |                                                                                                                   |                       |              |                                        |           |                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |            |                  |                    |                                                                                                                   |                       |              |                                        |           |                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |            | SIGNATU          | IRE OF A           | PPLIC                                                                                                             | ANT, ATT              | ORNEY O      | R AC                                   | ENT       |                                                                    |  |  |
| Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name                                                  | RatnerP    | restia           | $\Omega$           |                                                                                                                   |                       |              |                                        |           |                                                                    |  |  |
| Signature Jumes (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |            |                  | Sim                | Simmer                                                                                                            |                       |              |                                        |           |                                                                    |  |  |
| Printed Name James C. Simmons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |            |                  |                    |                                                                                                                   |                       |              |                                        |           |                                                                    |  |  |
| Date April 26, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |            |                  | Registration No.   |                                                                                                                   |                       |              | No. 24,842                             |           |                                                                    |  |  |
| CERTIFICATE OF TRANSMISSION / MAILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |            |                  |                    |                                                                                                                   |                       |              |                                        |           |                                                                    |  |  |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |            |                  |                    |                                                                                                                   |                       |              |                                        |           |                                                                    |  |  |
| Signature James Jummi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |            |                  |                    |                                                                                                                   |                       |              |                                        |           |                                                                    |  |  |
| Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d or Printed                                          | d Name     | James C. Simmons |                    |                                                                                                                   |                       |              |                                        | Date      | April 26, 2005                                                     |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



JAMES C. SIMMONS DIRECT DIAL: 610-530-8100 EMAIL: jcsimmons@ratnerprestia.com

April 26, 2005

Dr. Joseph A. Silvaggio 2215 Bally Bunion Road Center Valley, PA 18034

U.S. Patent Application by Dr. Joseph A. Silvaggio

for:

SPRAY BOTTLE

Appln. No.: 10/695,378

Filed:

October 27, 2003

Our Ref.:

JAS-100US

Dear Dr. Silvaggio:

Enclosed for your records is a copy an Amendment that we filed with the United States Patent and Trademark Office in the above-identified application.

We will keep you apprised of further developments.

Very truly yours,

RatnerPrestia

James C. Simmons

JCS/mc

Enclosure: Amendment (as filed)

MC\_I:\JAS\100\CORR\JASJCS\_04.DOC

Appln. No.: 10/695,378

Amendment Dated April 26, 2005

Reply to Office Action of February 1, 2005

MAY 0 5 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln No: Applicant:

10/695,378

Dr. Joseph A. Silvaggio

Filed:

October 27, 2003

Title:

SPRAY BOTTLE

TC/A.U.:

3754

Examiner:

Joseph A. Kaufman

Confirmation No.: 5312 Docket No.:

JAS-100US

## **AMENDMENT**

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated February 1, 2005, please amend the aboveidentified application as follows:

|              | Amendments to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the Specification begin on pag            | e of this paper.                       |  |  |  |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------|--|--|--|
| ⊠<br>2 of th | Amendments to the state of the | the Claims are reflected in the           | listing of claims which begins on page |  |  |  |
| ☐<br>attach  | Amendments to the ded replacement she                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | t <b>he Drawings</b> begin on page et(s). | of this paper and include an           |  |  |  |
| ☐<br>Abstra  | Amendments to a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the Abstract are on page of this paper.   | of this paper. A clean version of the  |  |  |  |
| $\boxtimes$  | Remarks/Argum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ents begin on page 3 of this pa           | per.                                   |  |  |  |